

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/979584

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1	1			
3		2	2			
4		0	2			
5		0	2			
6		0	2			
7		0	2			
8		0	1			
9		0	1			
10		0	1			
11		0	1			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	11		15			
TOTAL CLAIMS	12		16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS